

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12174</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Vincent</u> <u>G</u> <u>Diaz</u> P.O. Box, Bldg., Room No., if any Street <u>142 W. Pomona Ave</u> City <u>Monrovia</u> State <u>California</u> ZIP Code + 4 <u>91016-4557</u>	4. Name, file number, and address of labor organization. Name <u>Local Union 345</u> Labor Organization File Number <u>063-064</u> P.O. Box, Building and Room Number, if any Street <u>142 W. Pomona Ave.</u> City <u>Monrovia</u> State <u>California</u> ZIP Code + 4 <u>91016-4557</u>
5. Position in labor organization. <u>Business Manager/Financial Secretary</u>	

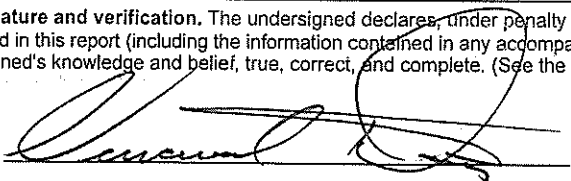
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Not Applicable</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>None</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05
Date

Telephone Number

Name of Person Filing Vincent Diaz	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Southern California Pipe Trades Adm Trade Name, if any: Same P.O. Box, Bldg., Room No., if any Street 501 Shatto Place, Fifth Floor City Los Angeles State California ZIP Code + 4 90020	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Not Applicable Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Employee Trust Administration 11.b. Approximate dollar value of such dealing. \$3,695 12.a. Nature of interest held or income received. Not Applicable 12.b. Amount. \$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Not Applicable Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. None
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$0

Name of Person Filing Vincent Diaz	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Apprentice & Journeyman Training Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18931 Laurel Park Road City Compton State California ZIP Code + 4 90220	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Not Applicable Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Apprentice Instructors or Joint Labor Management Training Trust 11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Salary \$2829.00 Business Lunches 0.00 Expense Reimbursement 0.00 12.b. Amount. \$2,829

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name National Inspection Testing Certification

Trade Name, if any: NITC

P.O. Box, Bldg., Room No., if any

Street 501 Shatto Place, Suite 201

City Los Angeles

State California ZIP Code + 4 90020

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Not Applicable

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

National Inspection Testing and Certification Corporation

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

International Foundation Dinner Meeting

12.b. Amount.

\$80

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Piping Industry Progress and Education</p> <p>Trade Name, if any: P.I.P.E.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 501 Shatto Place, Suite 200</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90020-1786</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Not Applicable</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Management Cooperation Committee Board of Trustees Meetings</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>Lunch ordered before the meeting and priced per person based on total present.</p> <p>1/29/04-- \$31.93</p> <p>4/8/04 -- \$37.69</p> <p>7/8/04 -- \$35.18</p> <p>10/21/04 -- \$42.22</p> <p>12.b. Amount. \$147</p>